

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i>		County <i>Harford</i>		MARYLAND	
Date of death	1909	Month	June	Day	5
Age	11	Years		Months	
Sex	Male	Color or Race	Black	Birth-place	Ind
Occupation			Where Residing if not at place of death <i>Bel Air Ind</i>		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Lewis Armstrong</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Jennie Armstrong</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Jennie Armstrong</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary	<i>Rachitis —</i>	How long	<i>all his life</i>
Immediate	<i>Inanition</i>	How long	<i>2 or 3 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. F. Vant D. B.</i>
		Address	<i>Bel Air</i>
Accident or Suicide?	<i>No</i>		<i>Ind</i>

The Mountain Church

Name
in
Full

Eliza W. Barrow.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Hickory	County Harford	MARYLAND		
Date of death	Month June	Day 28	Age 85	Months —	Days —
Sex	Female	Color or Race	White	Birth- place	Maryland
Occupation	Housewife		Where Residing if not at place of death	Hickory	
Married, Single or Widowed	Married	Name of Wife or Husband	James S. Barrow		
Father's Name	William Bull		Father's Birthplace	Maryland	
Mother's Name	Elizabeth Ruff		Mother's Birthplace	Maryland	
Name of person giving Information	Mr. Willbur Barrow		How related to deceased	Son	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	→ exhaustion	How long	6
Immediate	Sensibility	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide			

Thomas Run.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

A. L. Brinker
Town *Bagley* County *Hager*

Died at *Bagley* *Hager*

Date of death 190 *9* June *27* Age *55*

Sex *Male* Color or Race *White* Birth-place *Blk Ridge*

Occupation *Farmer* Where Residing if not at place of death *Bagley*

Married, Single or Widowed *Single* Name of Wife or Husband *Mary Mc Claffey*

Father's Name *Joe Brinker* Father's Birthplace *Germany*

Mother's Maiden Name *Elizabeth Baker* Mother's Birthplace *Germany*

Name of person giving Information *His Widow* How related to deceased *Wife*

CAUSES OF DEATH

171

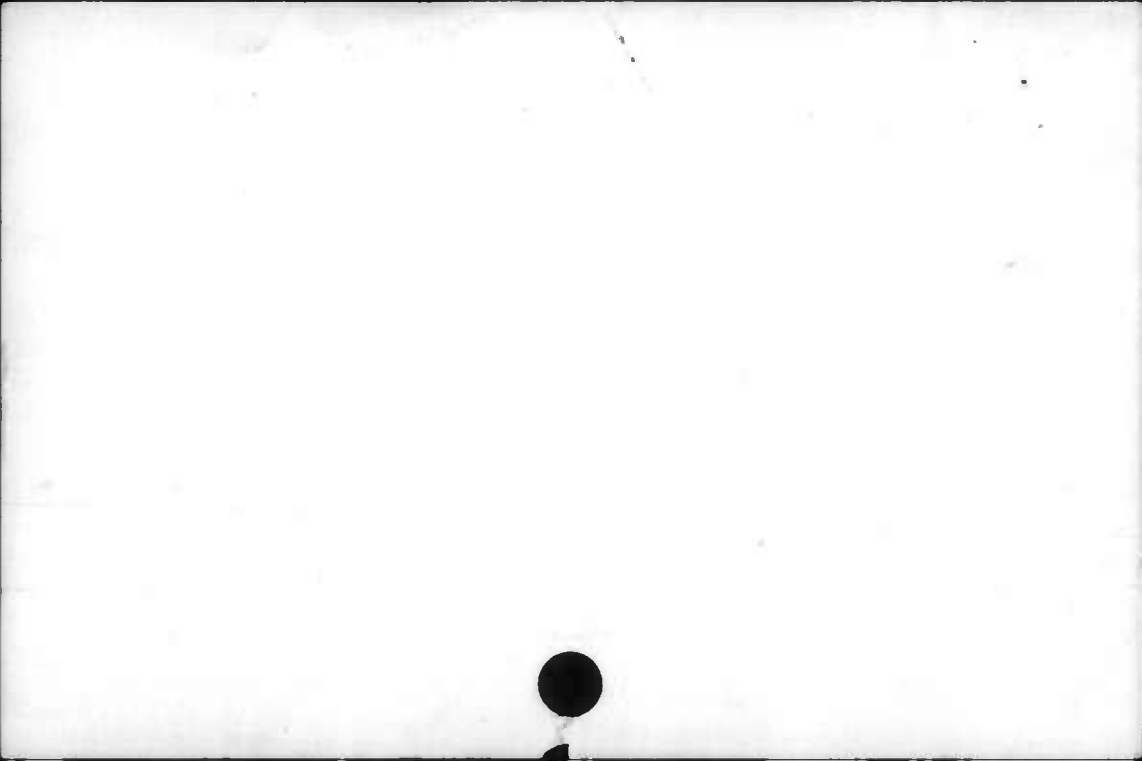
Primary *Electric Stroke, struck by Lightning.* How long *Instant death*

Immediate *Lightning.* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Charles Bagley M.D.* Address *Bagley, Md.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

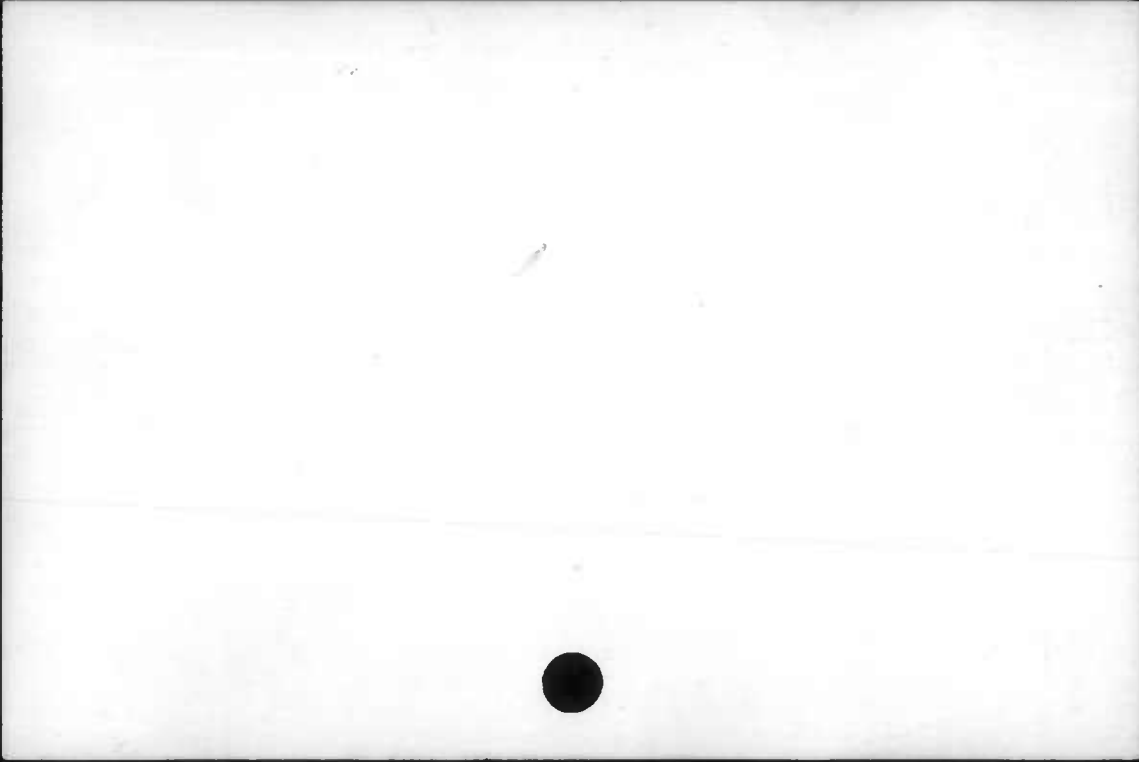
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Whiteford</i>		County <i>Harford</i>		MARYLAND	
Date of death	1909	Month	June	Day	12
Age	<i>Still Born</i>		Years	Months	Days
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation	<i>None</i>		Birth-place	<i>Whiteford md</i>	
Where Residing if not at place of death			<i>None</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<i>Elmer Bull</i>			<i>md</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Margaret Barrow</i>			<i>md</i>		
Name of person giving Information			How related to deceased		
<i>Elmer Bull</i>			<i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Presentation Bunch</i>	How long	<i>8</i>
Immediate	<i>Strangulation of cord</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Roane Ramsey</i>	
		Address	
		<i>Della Pa</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

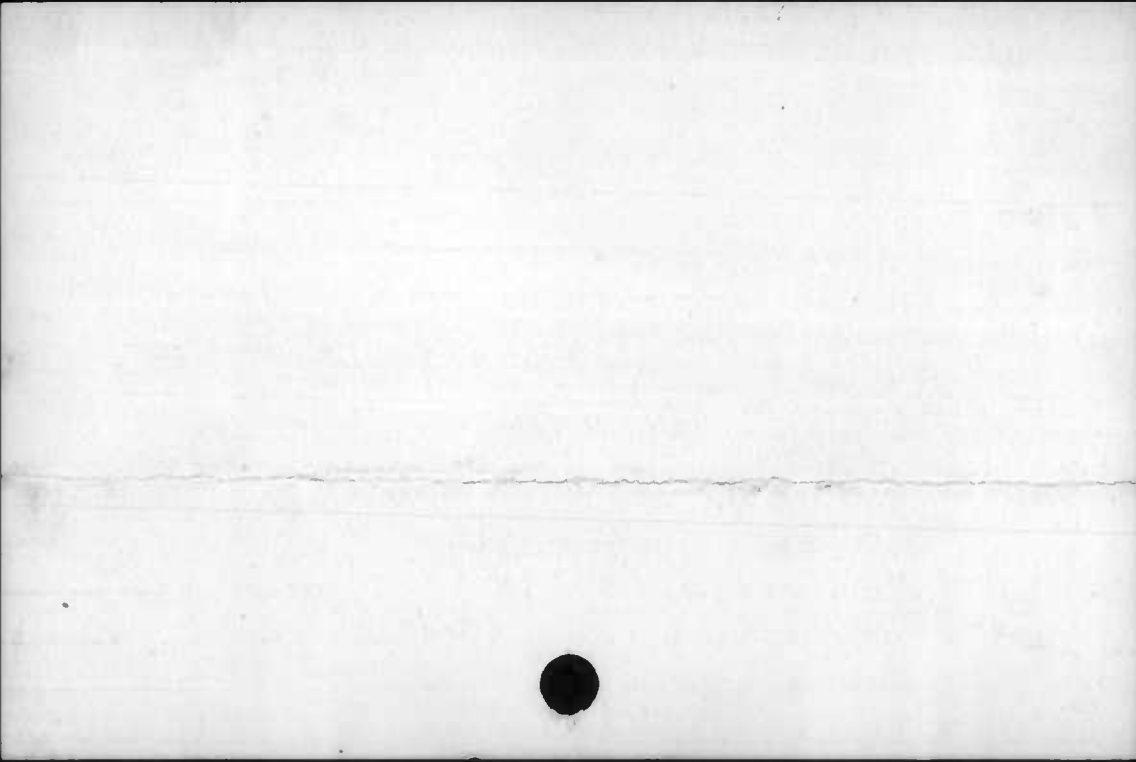
Name in Full <i>Jane Susanna Bunting</i>		Town <i>Berkley</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Berkley</i>		Month <i>June</i>		Day <i>14</i>		Years <i>75</i>	
Date of death <i>1909</i>		Months <i>June</i>		Days <i>14</i>		Age <i>75</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Phil^a. Penn^a.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Col J. J. Bunting</i>					
Father's Name <i>John Harford Willis</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Marian Wallace Mackenzie</i>		Mother's Birthplace <i>Scotland</i>					
Name of person giving information <i>Mrs Mary Jones</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular heart disease</i>		How long <i>7 years</i>	
Immediate <i>Dropsy & exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Eph^r. Hopkins M.D.</i>	
		Address <i>Darlington Md</i>	
Accident or Suicide?			



Name
in
Full

Harriet Chenoweth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wilna</i> Town		<i>Hartford</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>June</i>	Day <i>2</i>	Age <i>86</i>	Months _____ Days _____
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>		
Occupation _____			Where Residing if not at place of death <i>Wilna</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Norris Chenoweth</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Rebecca Pierce</i>			Mother's Birthplace <i>Balto Co.</i>		
Name of person giving information <i>Mrs. Wm. Perkins</i>			How related to deceased <i>Niece</i>		

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	<i>Broken leg due to fall</i>	How long <i>3 days</i>
Immediate	<i>Heart-failure</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. J. Williams</i>
		Address <i>Brd. at Wilna</i>
Accident or Suicide? <i>Accident</i>		

W. H. C. Barington
Wilma, Md.

Name
in
Full

Marjorie Ann Bullum
 Street Town Harford County

CERTIFICATE OF DEATH

MARYLAND

Died at
 Date of death 1909 June 30 Age 18 Months 18 Days

Sex Female Color or Race White Birth-place Street Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

George Bullum

Father's
Birthplace

Harford Co.

Mother's
Maiden Name

Nora Flowers

Mother's
Birthplace

Harford Co.

Name of person giving
In formation

Geo. Bullum

How related
to deceased

Father.

CAUSES OF DEATH

18

Primary

How long

Immediate

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

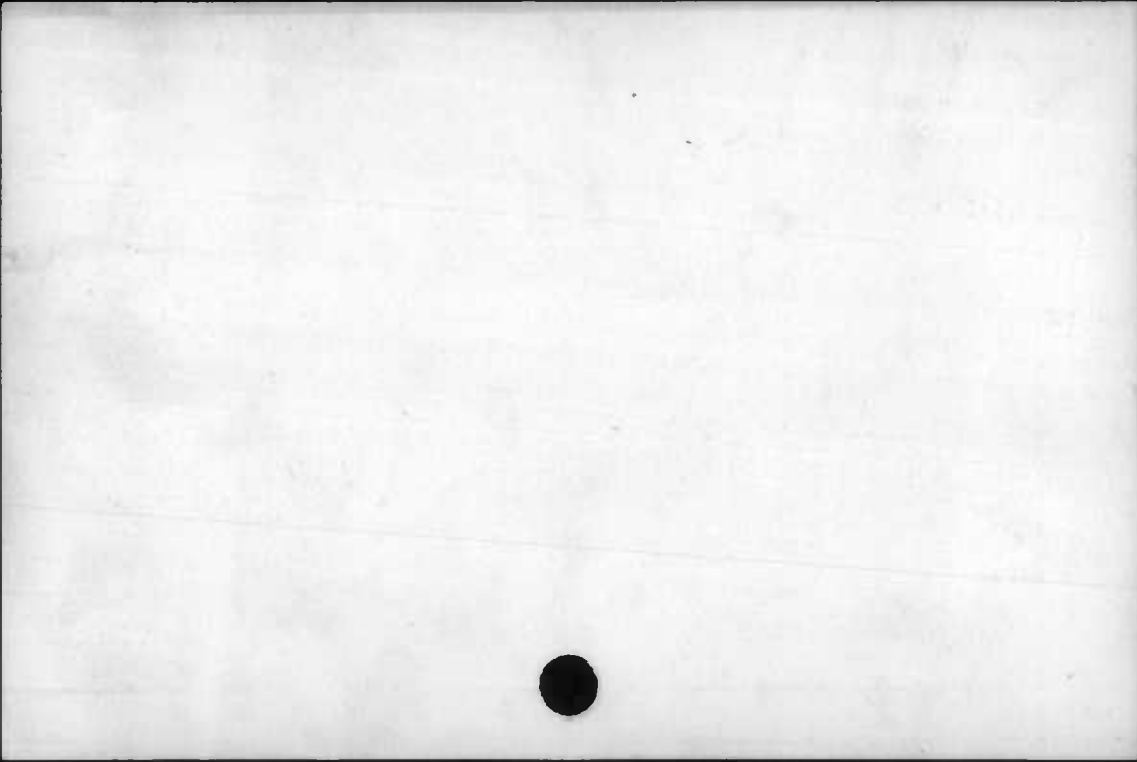
J. H. Tobias

Address

Darlington, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James J Foreman*

Town *Cardins* **County** *Harford* **MARYLAND**

Died at *Cardins*

Date of death *1909 June 24* **Age** *17*

Sex *Male* **Color or Race** *white* **Birth-place** *Annapolis*

Occupation *Farm Laborer* **Where Residing if not at place of death** *Cardins*

Maiden, Single *unmarried* **Name of Wife or Husband** _____

Father's Name *George Foreman* **Father's Birthplace** *Baltimore*

Mother's Maiden Name *Katherine Swope* **Mother's Birthplace** *Harford Co*

Name of person giving Information *Geo Foreman* **How related to deceased** *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

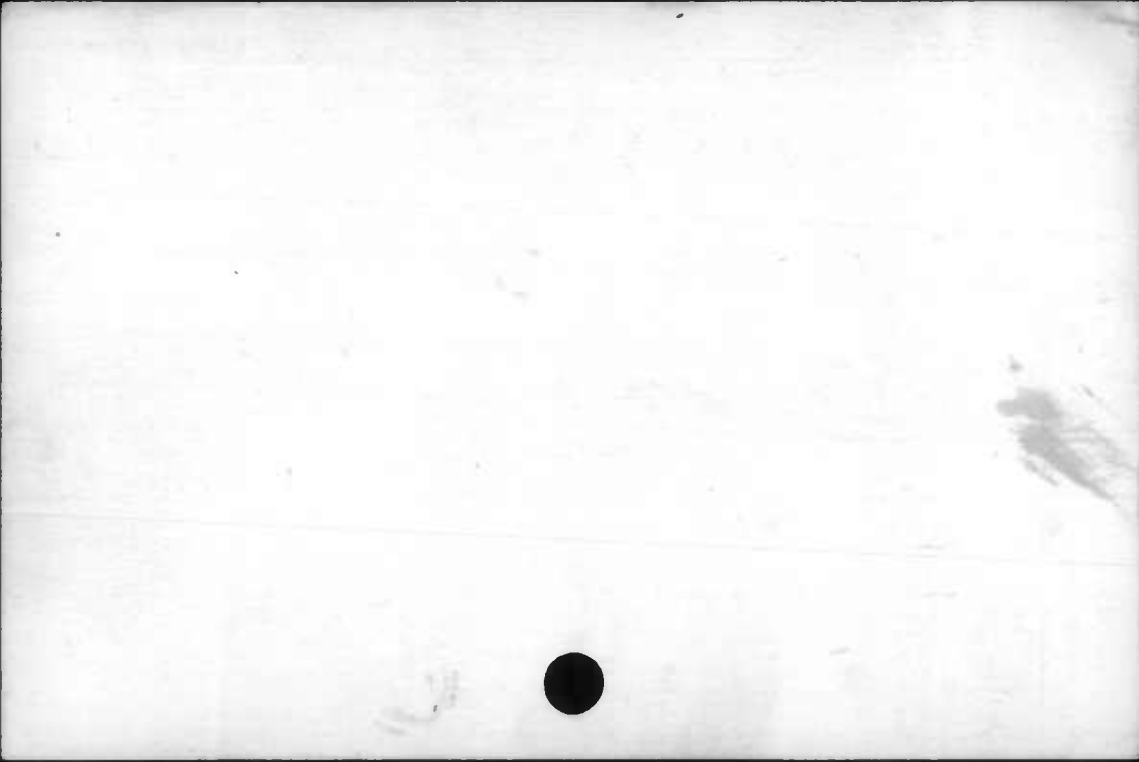
Primary *Meningitis* **How long** *3 Weeks.*

Immediate *Bronchopneumonia* **How long** *24 hours.*

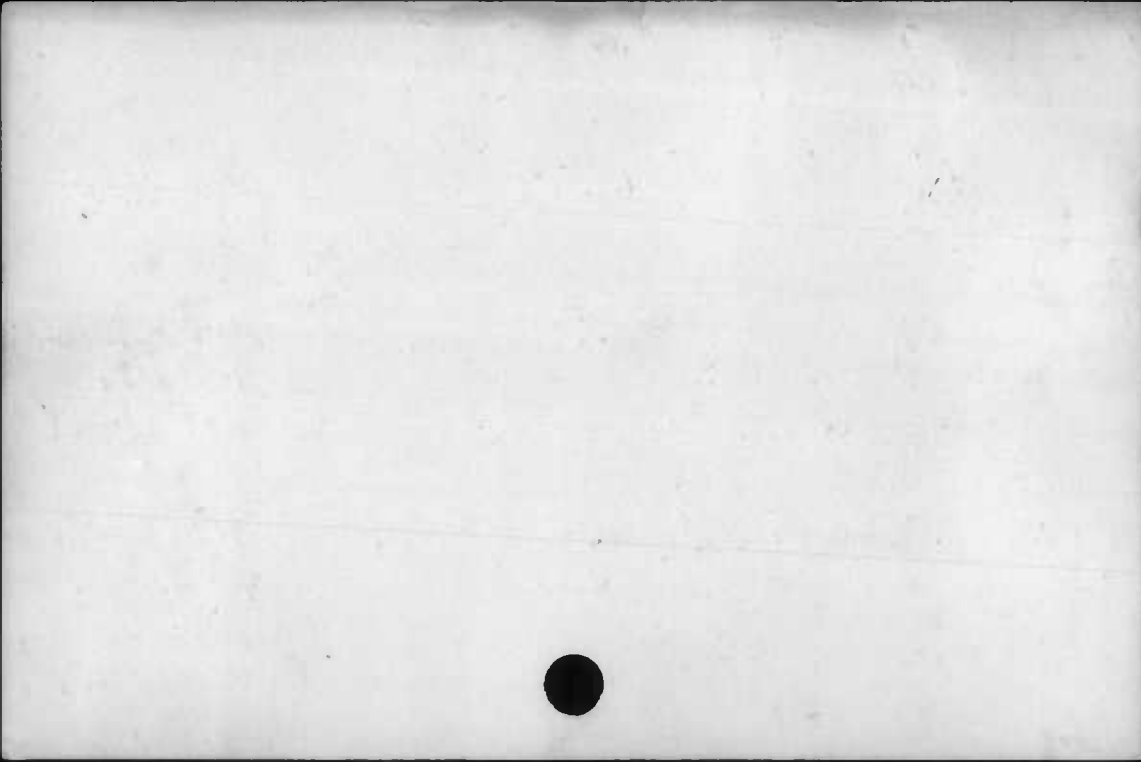
Are the name, age, sex, color, data and place correctly given above? *yes* **Signature of Physician** *Chas. H. Kiehl*

Address *Aberdeen Md.*

Accident or Suicide _____



Name in Full		Frank Gilbert				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} <i>Norrisville</i>		^{County} <i>Harford</i>		MARYLAND	
		Date of death <i>1902 June 26</i>		Age <i>67</i>		Months <i>10</i> Days <i>7</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co., Md.</i>	
		Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Harford Co., Md.</i>			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
		Father's Name <i>John Gilbert</i>		Father's Birthplace <i>Not known</i>			
		Mother's Maiden Name <i>Dumalt</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Wm. Duncan</i>		How related to deceased <i>Not at all</i>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 50px; margin: 0 auto; padding: 5px; display: inline-block;">79 ✓</div>							
PHYSICIAN OR CORONER		Primary <i>Organic Heart trouble</i>		How long <i>One year</i>			
		Immediate <i>Heart failure</i>		How long			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. L. Dunnick</i>			
				Address <i>Stewartstown, Pa.</i>			
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Amie Harris*

Town *Michaelsville* County *Harford*

Died at *Michaelsville*

Date of death *1909* Month *June* Day *27* Age *35* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death

~~Mother, Single or Widowed~~ *Married* Name of Wife or Husband *Lloyd Harris*

Father's Name *Edmund Rice* Father's Birthplace *Maryland*

Mother's Maiden Name *Charlotte McComas* Mother's Birthplace *"*

Name of person giving information *Mary Pitt* How related to deceased *Aunt*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Heart Trouble* How long *3 mos*

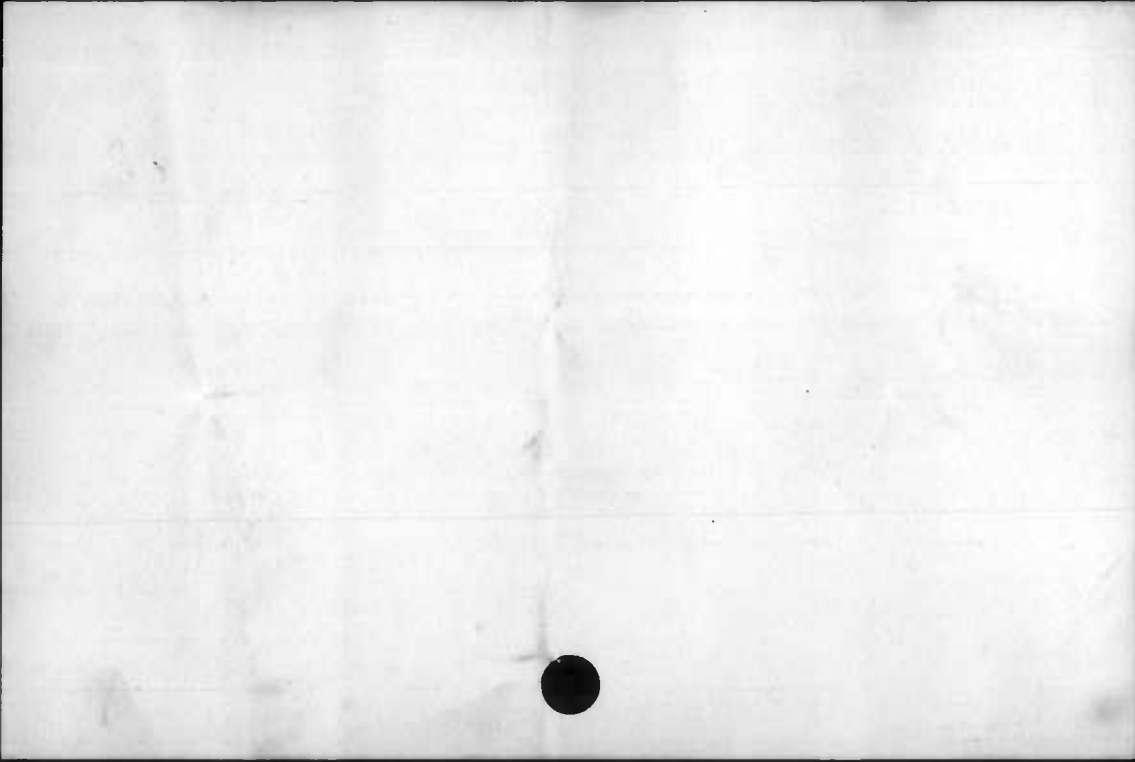
Immediate *Heart Failure* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

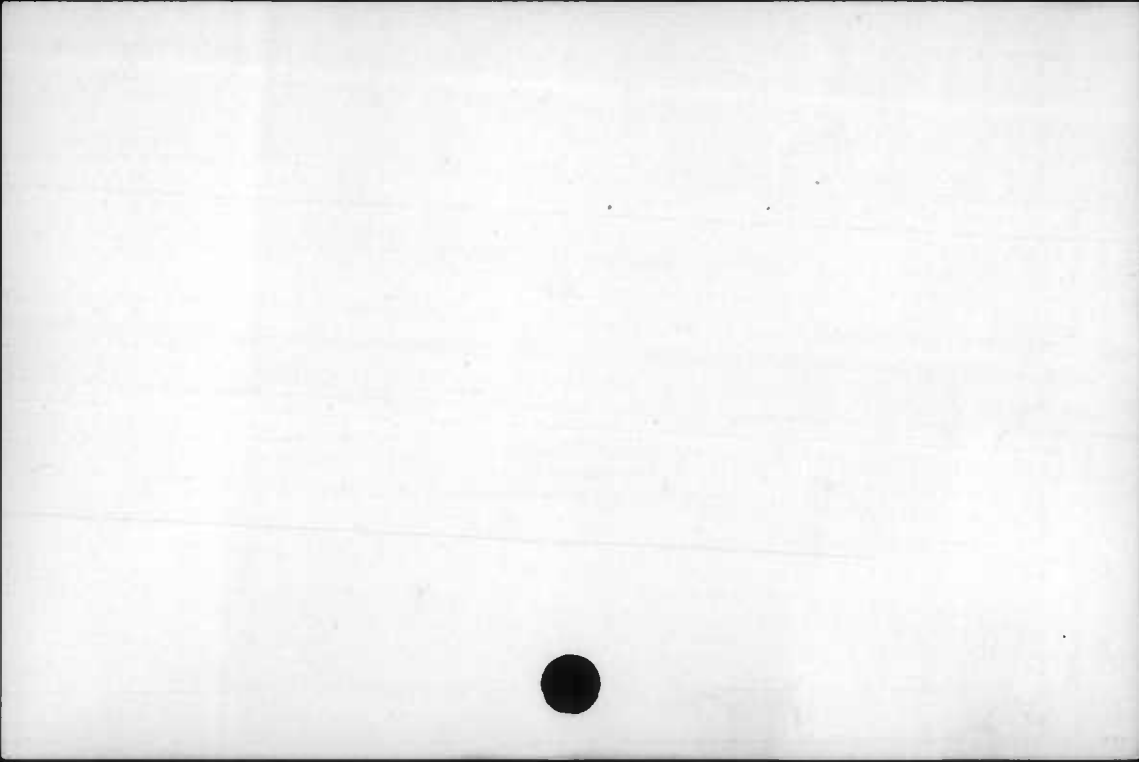
Signature of Physician *J. D. Stien*

Address *Bay View Md.*

Accident or Suicide?



Name in Full		Annie J. Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Public		Harford		MARYLAND	
	Date of death	1909	June	29	Age	82	Months 6 Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		Harford, Co., Md.	
	Married, Single or Widowed	Widowed		Name of Wife or Husband		Geo. H. Jones.	
	Father's Name	Amos Evans.		Father's Birthplace		Harford Co. Md.	
	Mother's Maiden Name	Annie Saunders.		Mother's Birthplace		Not known.	
Name of person giving information		Annie Tennant		How related to deceased		Daughter.	
				CAUSES OF DEATH		154	
PHYSICIAN OR CORONER	Primary		Old Age		How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. H. Tobias.		
			Address		Darlington, Md.		
	Accident or Suicide?						



Name
in
Full

Annie Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pooler ^{Town} Harford ^{County} MARYLAND

Date of death 1909 ^{Month} June ^{Day} 10th ^{Years} 65 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Pooler, Md.

Occupation Housekeeper Where Residing if not at place of death

~~Married~~ Single
~~or Widowed~~

Name of Wife or
HusbandFather's
Name

Joseph Jones

Father's
Birthplace

Harford Co.

Mother's
Maiden Name

Margaret Flowers

Mother's
Birthplace

Harford Co.

Name of person giving
Information

Margaret Jones

How related
to deceased

Sister.

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

How long

Immediate

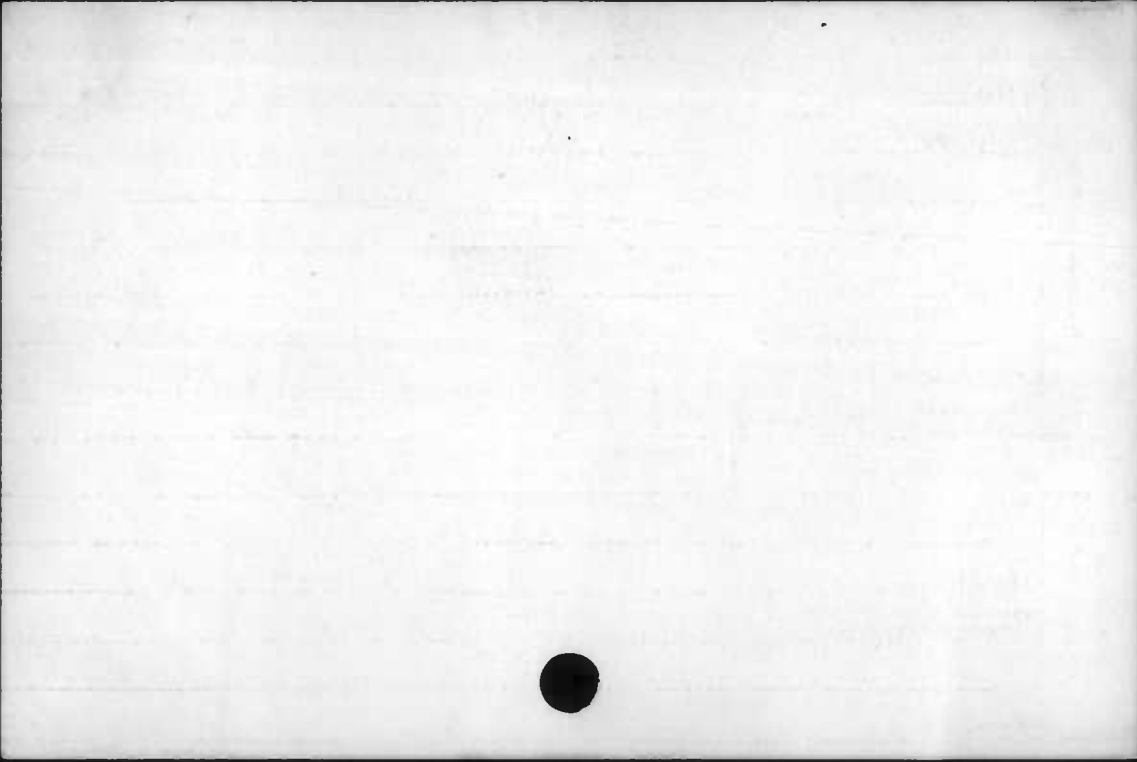
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. H. Tobias,
Darlington,
Md.

Accident or Suicide?



Name
in
Full

Annie Ritchfield

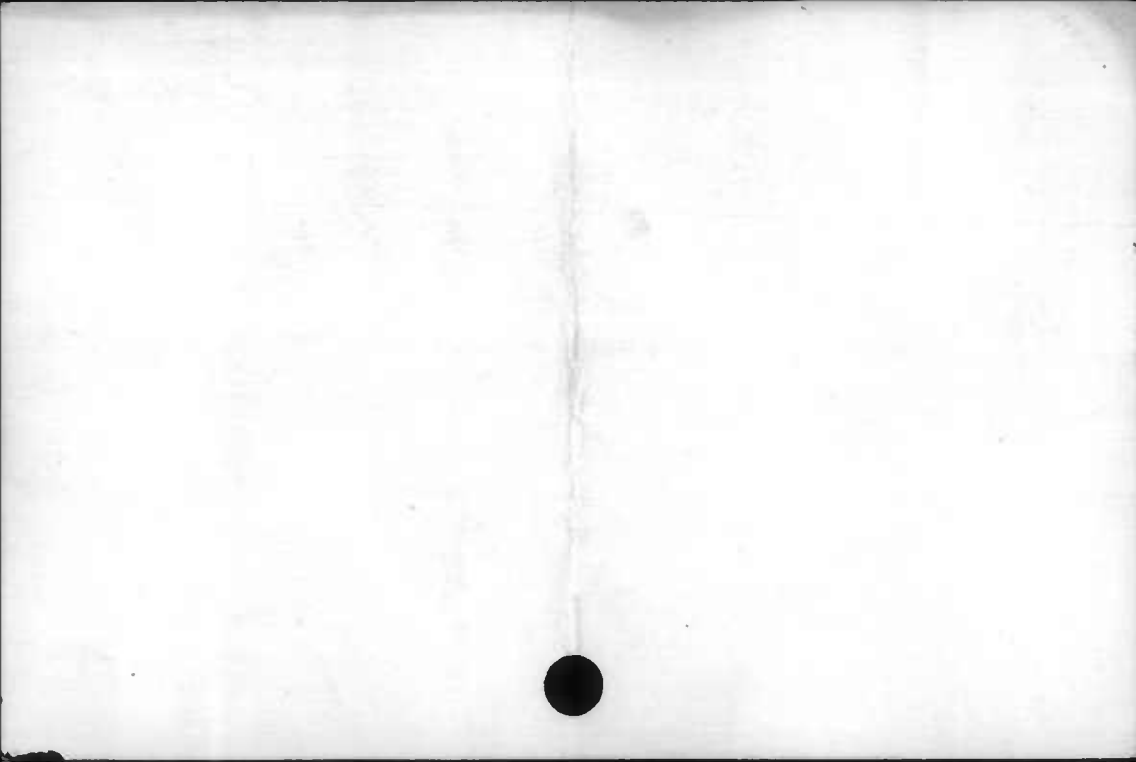
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
Edgewood		Harford		Maryland			
Date of death		Month	Day	Age	Years	Months	Days
190		June	1				
Sex		Color or Race		Birth place			
Female		White		Harford Co			
Occupation		Where Residing if not at place of death					
Infant							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Geo. Washington Ritchfield		Phelan, Pa					
Mother's Maiden Name		Mother's Birthplace					
Annie Sophie Hansson		Harford Co					
Name of person giving Information		How related to deceased					
Geo W Ritchfield		Father					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Still Born	How long
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?		
	yes		
Signature of Physician		Address	
Chas E Roth		Edgewood Md	
Accident or Suicide			



Name
in
Full

Mary Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

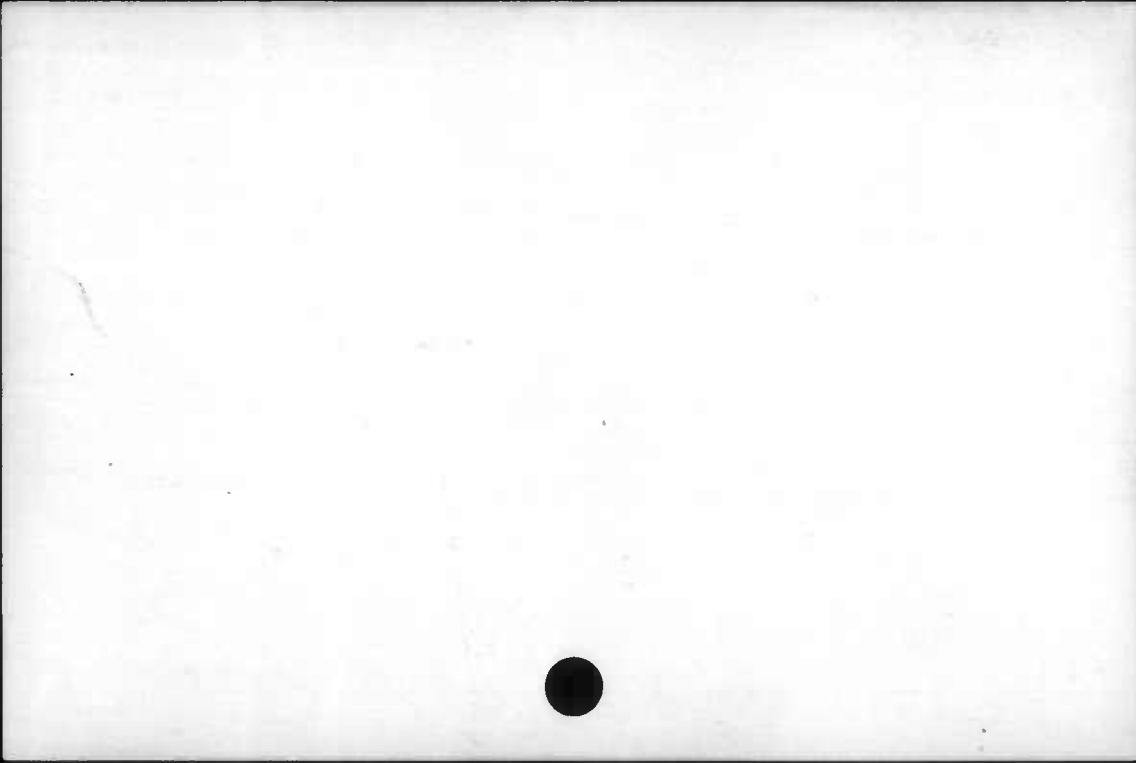
Died at <i>Harre de Grace</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>June</i>		Day <i>17</i>		Age <i>25</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Harford Co.</i>			
Occupation <i>House work</i>		Where Residing if not et place of death <i>H. de Grace</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wayman Mitchell</i>					
Father's Name <i>Samuel Paul</i>		Father's Birthplace <i>Harre de Grace</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Mark Fomass</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

33

PHYSICIAN
OR CORONER

Primary <i>Scandalor Tuberculosis</i>		How long <i>about 2 yrs</i>	
Immediate <i>General debility</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. H. Smith</i>	
		Address <i>Harre de Grace Md</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *J. Epilem Moore*

Died at *Lamell Brook* Town *Harford* County

Date of death *1909* Month *June* Day *25* Age *Sixty four* Years Months *8* Days *9*

Sex *Male* Color or Race *White* Birthplace *Fallston*

Occupation *Farmer* Where Residing if not at place of death *Home near Fallston*

Married, Single or Widowed *married* Name of Wife or Husband *Ella Costello Moore*

Father's Name *Benj. P. Moore* Father's Birthplace *Easton Md*

Mother's Maiden Name *Mary G. Moore* Mother's Birthplace *Balto Md*

Name of person giving information *Charles J. Moore* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Arterio-sclerosis.* How long *8 mo - 8*

Immediate *Cerebral Anemia - Lma* How long *1 wk*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Geo H. Hoc King*

Address *144 St. Balto Md.*

Accident or Suicide? ☐

153:00

Name
in
Full

May Ann Peck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Provy

Town

County

Harford

MARYLAND

Date

of death

1909

Month

June

Day

13

Age

Years

68

Months

Days

Sex

F.

Color or
Race

Black

Birth-
place

Perryman

Occupation

House work

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Charles Peck

Father's
Birthplace

Md

Mother's
Maiden Name

Rachel Worthington

Mother's
Birthplace

Md

Name of person giving
Information

Joseph Hall

How related
to deceased

Nephew.

CAUSES OF DEATH

Primary

Rheumatism

How long

177

10 yrs.

Immediate

Dropy & Exhaustion

How long

3 mo.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

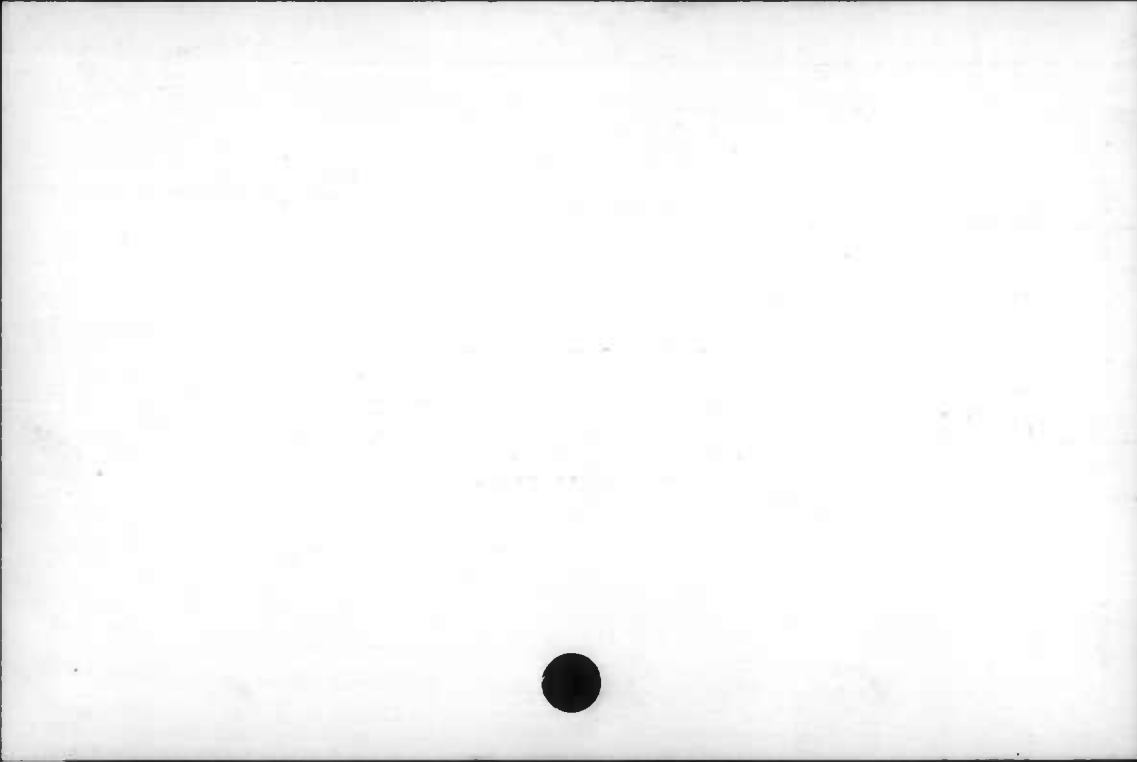
W. B. Kirk

Address

Darlington Md

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

Laura E. Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hickory</i>		^{County} <i>Harford</i>		MARYLAND	
Date of death 190 ^{Month} <i>June</i> ^{Day} <i>23</i>		Age ^{Years} <i>70</i>		^{Months} <i>—</i> ^{Days} <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>none</i>	Where Residing if not at place of death <i>Hickory</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Edward R. Price</i>				
Father's Name <i>Calvin Michael</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Anna L. Lwartz</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving Information <i>Blanch F. Campbell</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

79

How long

PHYSICIAN
OR CORNER

Primary		
Immediate <i>Antic Stenosis</i>	<i>Probably several yrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. Lee Stables</i>	
	Address <i>Bel Air</i>	
Accident or Suicide	<i>Med.</i>	

Rack Spring

Name
in
Full

Mrs Rachel Ellyth Randow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Castleton*

Town

County

Harford

MARYLAND

Date of death 1909 June

Month

Day

23

Age 52

Years

Months

Days

Sex Female

Color or Race White

Birth-place Harford Co, Md

Occupation Seamstress & Shoemaker

Where Residing if not at place of death

as above

Married, Single or Widowed Widow

Name of Wife or Husband

Fred. Randow

Father's Name J. S. Miller

Father's Birthplace Maryland

Mother's Maiden Name Leap

Mother's Birthplace Maryland

Name of person giving Information Charles R. Singleton

How related to deceased Son-in-law

CAUSES OF DEATH

41

Primary

Cancer of the Rectum

How long

about 2 years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Ephraim Hopkins

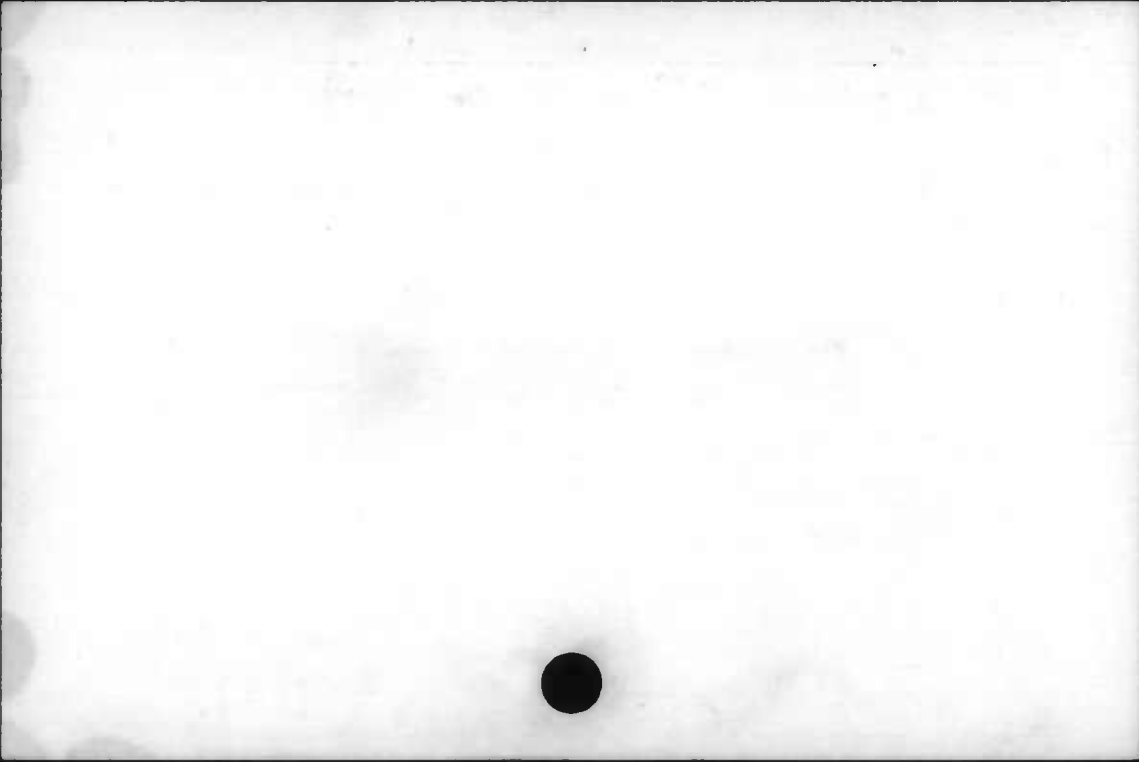
Address

Darlington

Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Euphemia Standiford
Town *Darlington* County *Harford*

MARYLAND

Died at *Darlington* Month *6* Day *1* Age *59* Years Months *10* Days *25*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Wife* Where Residing if not at place of death

Married, Single ~~and~~ Name of wife or Husband *Chas Standiford*

Father's Name *James Whitlock* Father's Birthplace *Md*

Mother's Maiden Name *Caroline Bowman* Mother's Birthplace *Md*

Name of person giving Information *Marion Standiford* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Carcinoma (of face)* How long *5 yrs*

Immediate *Exhaustion* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

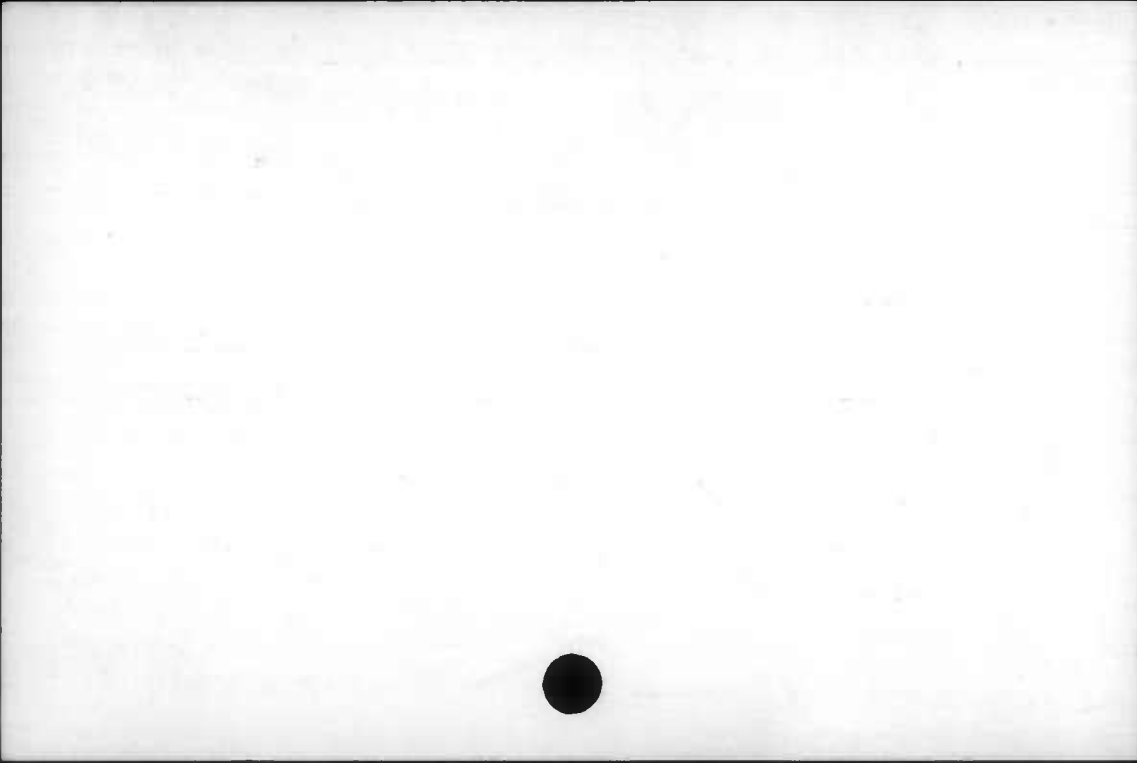
Address

W B Kirby
Darlington
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Infant Standiford
Town Darlington County Harford

MARYLAND

Died at
Date of death 1909 June 25 Age — Months — Days —

Sex Female Color or Race White Birth-place Md

Occupation None Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Ramsay Standiford Father's Birthplace Md

Mother's Maiden Name Ruth Thompson Mother's Birthplace Md

Name of person giving Information Ramsay Standiford How related to deceased Father

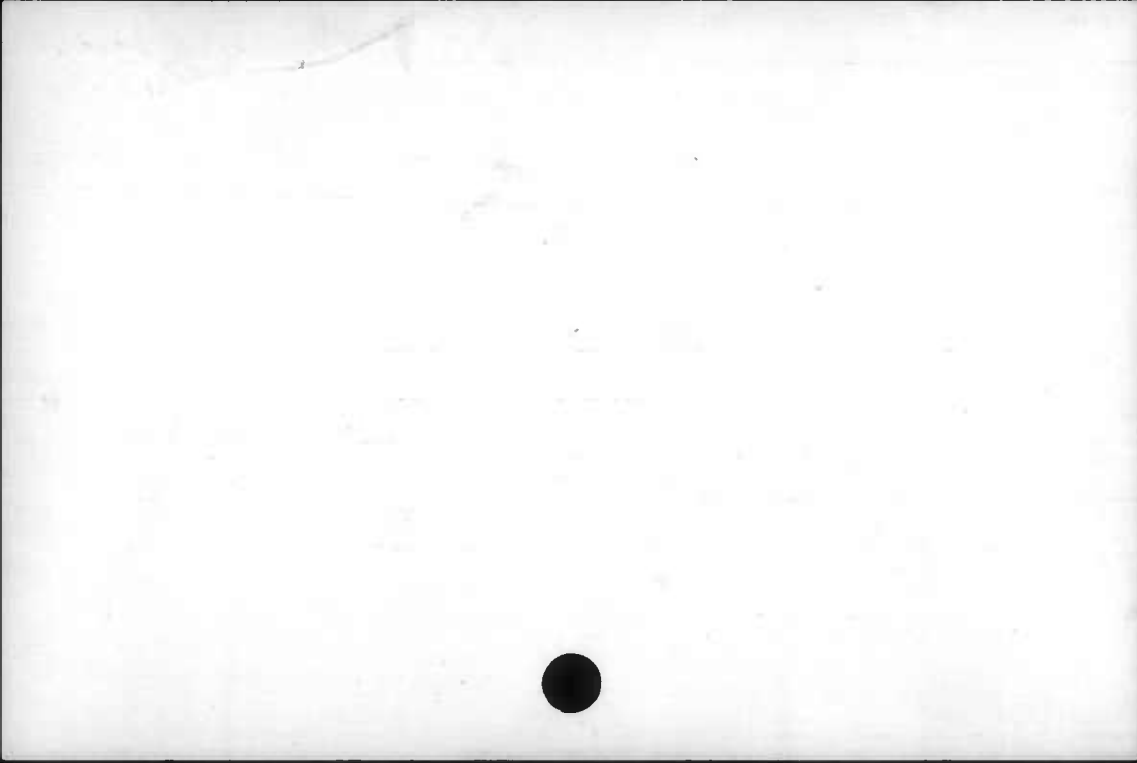
CAUSES OF DEATH

Primary Still born How long 8

Immediate Are the name, age, sex, color, date and place correctly given above? Signature of Physician N. B. Kirk Md

Address Darlington.

Accident or Suicide



Name
in
Full

Wm A Stearns Steurer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		June	2	54			
Sex		Color or Race		Birth-place			
Male		White		New York			
Occupation				Where Residing if not at place of death			
Merchant				At day			
Married, Single or Widowed		Name of Wife or Husband					
Married		Sarah E French					
Father's Name				Father's Birthplace			
Unknown							
Mother's Maiden Name				Mother's Birthplace			
Unknown							
Name of person giving Information				How related to deceased			
Marion D Carr				No relation			

Caused by Corn on 3rd toe. CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary	How long
San green of left great toe	6 weeks
Immediate	How long
Heart failure	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	O B Carroll
	Address
	1414 Air 2nd
Accident or Suicide	

Rock Spring

Name
in
Full

Mary Stephenson

CERTIFICATE OF DEATH

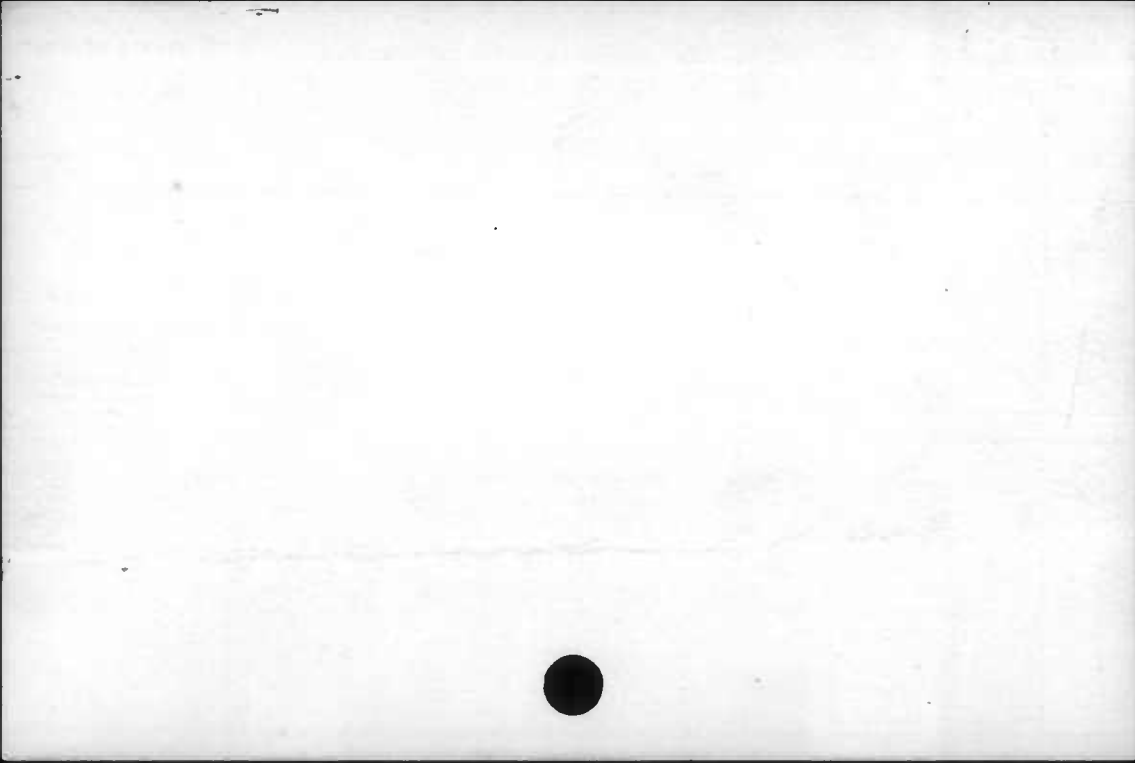
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Garland</i> Town		<i>Harford</i> County		MARYLAND	
Date of death	1909	Month	June	Day	13
Age		22		Months	10
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	None any		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	George R. Stephenson			Father's Birthplace	Maryland
Mother's Maiden Name	Annie M. Hanna			Mother's Birthplace	Maryland
Name of person giving information	Margaret S. Stephenson			How related to deceased	Sister

CAUSES OF DEATH

Primary	<i>Tuberculosis</i>	How long	<i>27</i> ² <i>3 or 4 years</i>
Immediate	<i>Heart & Kidney complications</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. L. Hopkins</i>
		Address	<i>Home de Grace Md</i>
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Charlotte J Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Bel Air* Town *Harford* County **MARYLAND**

Date of death *1909 June 5* Age *60* Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *Virginia*

Occupation *Nurse* Where Residing if not at place of death *Virginia*

Married, Single or Widowed *—* Name of Wife or Husband *John Taylor*

Father's Name *Moses Jenkins* Father's Birthplace *Virginia*

Mother's Maiden Name *unknown* Mother's Birthplace *—*

Name of person giving information *Letitia Hall* How related to deceased *Daughter*

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary *Nephritis Chronic Interst* How long *?*

Immediate *Nephritis* How long *?*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Purnell S. Applegate

Bel Air

Ind

Accident or Suicide

